

break a line in writing if he is not interrupted in his own line of thought.

His memory for what he has read before is not impaired.

The notes in this case were made nearly a year ago, and the patient succumbed to an attack of pneumonia on January 20, 1890. There was no autopsy. His general mental faculties remained unusually clear and bright to the last, and his bodily vigor was as it had been for many years past until seized with the prevailing influenza.

The author agrees with Nieden in the opinion that the term "dysanagnosia" is etymologically more correct and scientifically preferable to either "alexia" or "dyslexia," the two latter being hybrids of Latin and Greek, whose adoption in our nomenclature should not be encouraged.

W. M. L.

FRONTO-FACIAL ASYMMETRY OF THE INSANE.

Dr. R. Roscioli (Il Manico, 1889, v., p. 27), having in mind the earlier works of Lasègue, Amadei, Venturi, etc., on the importance of an asymmetric formation of the frontal bone and the facial cranium, examined most carefully 388 insane persons of the most various shapes, etc., and 100 sane persons. Entirely symmetric skulls he only found in about thirty per cent. of the insane and in sixteen per cent. of the sane subjects.

He does not ascribe any value to asymmetry of a slight degree, not even for the showing of a predisposition to insanity. The higher degrees of obliqueness of the skull are found in epileptics, but also in those suffering from other mental diseases, and in sane persons also; they, however, are to be regarded as a sign of degeneration, and are the more frequent the more distinct the group of diseases in question are to be regarded as a degenerative psychosis. Striking asymmetry would be able to essentially obscure the prognosis of a case of mania or melancholia progressing apparently favorably. Sommer, in his examination of skulls of the insane, has nearly always found cranial asymmetry present (Virchow's Archiv, Bd. 89 und 90); only 3.5 per cent. were symmetric. In agreement with Zuckerkandl, Meynert, Dohrn, and others, he thinks persistent asymmetry may not rarely be traced back to mechanical shifting of the cranial bones (intra-partum). 3.5 per cent. asymmetric skulls corresponded to the 3.6 per cent. breech-presentations, etc., while the first cranial position corresponds to a flattening of the left parietal and frontal region, and the

second cranial position, *vice versa*, corresponding to the flattening of right parietal and frontal region in nearly the same frequency, usually 1 : 2.7 to 1 : 2.3. Those asymmetries dependent on presentations of the ends of the cranium will be the more pronounced the greater the misrelation between the internal pelvis and the volume of the head. A narrow pelvis in the mother, a striking difference between the length of the large father's and the small mother's head will bring an influence to bear upon the child's head, which through these influences becomes relatively or absolutely too large, which cannot be otherwise than unfavorable. Especially is this the case in the crania of those children born of weakly parents, where orchitis, cerebral hypertrophy, etc., add to its size. (The crania of the insane are known to be more capacious than those of the sane.) Perhaps sometimes the so-called hereditary predisposition to insanity may be traced back to some such individual peculiarity, and indeed to some traumatic crushing and shifting of the brain during labor. G. P.

Society Reports.

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, Tuesday Evening, March 4, 1890.

The PRESIDENT, DR. GEO. W. JACOBY, in the chair.

Dr. HENRY D. NOYES and Dr. C. L. DANA reported a case of

TUMOR OF THE MEDULLA AND LEFT ANOPHTHALMUS.

A. K., aged thirty-seven, had a severe headache for nearly a month, some seventeen years ago, followed by dimness of vision in the left eye. The centre of the visual field appeared dark and became almost blind in that eye in 1875. A large cysticercus cellulosæ was then removed with this eye. He had no further trouble until February, 1888, when there was a recurrence of a similar headache in the same part of the head, on the left side at first, later general. Other symptoms then began to manifest themselves: vertigo, tinnitus aurium, numbness and weakness and exaggerated reflexes upon the right side, paresis of the right